



**APPLICATION FOR RESIDENTIAL RENTAL LICENSE**

**I. OWNER(S) INFORMATION** (If property is owned by a corporation or limited liability, list any co-owner or principal owning more than 25%)

Sole Proprietorship     Partnership     Corporation or LLC     Other \_\_\_\_\_

Company Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ B&O Tax Account Number: \_\_\_\_\_  
 (MM/YYYY)

Owner: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (First) (MI) (Last) (MM/DD/YYYY)

Address: \_\_\_\_\_  
 (Street No.) (Street Name) (City) (State) (Zip)

Phone No.: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell Phone No.: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Email Address: \_\_\_\_\_

Co-Owner/Principal: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (First) (MI) (Last) (MM/DD/YYYY)

Address: \_\_\_\_\_  
 (Street No.) (Street Name) (City) (State) (Zip)

Phone No.: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell Phone No.: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Email Address: \_\_\_\_\_

**II. PROPERTY/UNIT INFORMATION:** (Information in this section applies to a physical property structure identified by a single Kanawha County Real Estate Tax Account Number. Use **ATTACHMENT II(a)** to list additional properties and rental units owned by the owner(s) listed in Section I.

_____	_____	____/____/____
Kanawha County Real Estate Tax Account Number	No. of Rental Units Owned on Property	Purchase Date (MM/YYYY)
_____	_____	_____
Street No.	Street Name	Zip Code
_____	(____) - ____ - ____	_____
Bank or Financial Institution Deed of Trust or Lien Holder	Phone No.	
<b><u>Complete the following information for each rental unit owned at the street no. and street name listed above.</u></b>		
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____
Fire/Refuse Fee Acct. No.: _____	_____	_____
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____
Fire/Refuse Fee Acct. No.: _____	_____	_____
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____
Fire/Refuse Fee Acct. No.: _____	_____	_____
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____
Fire/Refuse Fee Acct. No.: _____	_____	_____
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____
Fire/Refuse Fee Acct. No.: _____	_____	_____

Name: \_\_\_\_\_  
(First) (MI) (Last.)

\_\_\_\_\_  
(Street No.) (Street Name) (City) (State) (Zip)

Phone No.: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone No.: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Fax No.: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**IV. RENT COLLECTIONS AGENT** (If other than owner or responsible local agent.)

Name: \_\_\_\_\_  
(First) (MI) (Last.)

\_\_\_\_\_  
(Street No.) (Street Name) (City) (State) (Zip)

Phone No.: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone No.: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Fax No.: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**V. AUTHORIZED MAINTENANCE AGENT** (If other than owner or responsible local agent.)

Name: \_\_\_\_\_  
(First) (MI) (Last.)

\_\_\_\_\_  
(Street No.) (Street Name) (City) (State) (Zip)

Phone No.: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone No.: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Fax No.: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**VI. SERVICE OF PROCESS AGENT**

Name: \_\_\_\_\_  
(First) (MI) (Last.)

\_\_\_\_\_  
(Street No.) (Street Name) (City) (State) (Zip)

Phone No.: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone No.: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Fax No.: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**VII. AUTHORIZATION:**

*By signing below, I hereby acknowledge that this Residential Rental License Application contains true and accurate information. I understand that in order to be granted a Residential Rental License, that the owner of any rental unit(s) : (1) Must have a current (non-delinquent) Municipal B&O Tax account; (2) Must have a current (non-delinquent) Municipal Fire and Refuse account for each rental unit; (3) Must not have any outstanding fines or liens owed the City arising from building, planning, or zoning violations related to the rental unit(s); (4) Must maintain each rental unit in compliance with any and all Municipal building and planning codes and standards.*

*The submission of this application or the issuance of a Residential Rental License by the City of Charleston shall not constitute a finding by the City that the rental unit is in compliance with any or all requirements imposed by any City, State or Federal law or regulation. If you have any questions relating to this application, please contact the Office of the Charleston City Collector at (304) 348-8024.*

\_\_\_\_\_  
**Signature of Owner/Authorized Agent**

\_\_\_\_\_  
**Date**



**APPLICATION FOR RESIDENTIAL RENTAL LICENSE  
ATTACHMENT II(a)**

**Owner:** \_\_\_\_\_  
(First) (MI) (Last)

_____	_____	_____/_____/_____	
Kanawha County Real Estate Tax Account Number	No. of Rental Units Owned on Property	Purchase Date (MM/YYYY)	
_____	_____	_____	
Street No.	Street Name	Zip Code	
_____	(_____) - _____ - _____	_____	
Bank or Financial Institution Deed of Trust or Lien Holder	Phone No.		
<b><u>Complete the following information for each rental unit owned at the street no. and street name listed above.</u></b>			
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____	Fire/Refuse Fee Acct. No.: _____ - _____ - _____
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____	Fire/Refuse Fee Acct. No.: _____ - _____ - _____
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____	Fire/Refuse Fee Acct. No.: _____ - _____ - _____
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____	Fire/Refuse Fee Acct. No.: _____ - _____ - _____
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____	Fire/Refuse Fee Acct. No.: _____ - _____ - _____
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____	Fire/Refuse Fee Acct. No.: _____ - _____ - _____

_____	_____	_____/_____/_____	
Kanawha County Real Estate Tax Account Number	No. of Rental Units Owned on Property	Purchase Date (MM/YYYY)	
_____	_____	_____	
Street No.	Street Name	Zip Code	
_____	(_____) - _____ - _____	_____	
Bank or Financial Institution Deed of Trust or Lien Holder	Phone No.		
<b><u>Complete the following information for each rental unit owned at the street no. and street name listed above.</u></b>			
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____	Fire/Refuse Fee Acct. No.: _____ - _____ - _____
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Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____	Fire/Refuse Fee Acct. No.: _____ - _____ - _____
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____	Fire/Refuse Fee Acct. No.: _____ - _____ - _____
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____	Fire/Refuse Fee Acct. No.: _____ - _____ - _____
Apt./Unit ID: _____	Sq. Feet: _____	Max Occupancy: _____	Fire/Refuse Fee Acct. No.: _____ - _____ - _____

**City of Charleston – Office of the City Collector**  
**915 Quarrier Street, Suite 4**  
**Charleston, West Virginia 25301**  
**Phone: 304-348-8024**  
**Fax: 304-347-1810**



**APPLICATION FOR RESIDENTIAL RENTAL LICENSE  
INSTRUCTIONS**

**Step 1:** Complete Owner(s) Information – The owner is the individual(s) or entity listed on the deed recorded with the Clerk of Kanawha County. If more than one person has an ownership interest, please list the required information for each individual. If the owner is not a natural person, please list the contact information for the president, general manager or other chief executive of the organization. If the property is held by a business entity, please list any principal officers or partners owning more than 25%. You will need your Business & Occupation Tax Account Number to complete this section.

**Step 2:** Complete Property/Unit(s) Information – Information in this section applies to a physical property structure identified by a single Kanawha County Real Estate Tax Account Number. Please list the total number of rental units owned at this structure, and provide the unit details for each unit. If you own additional properties, please complete Attachment II(a). You will need your Kanawha County Real Estate Tax Account Number and your Fire/Refuse Fee Account Number to complete this section.

**Step 3:** Complete Authorized Agent Information – If you have designated someone to act on your behalf to manage your unit(s), collect rent, order services or repairs or to accept legal notices, please complete the information for each agent. If you do not have any of these agents, please leave blank.

**Step 4:** Authorization and Signature – Read the Authorization Statement, sign and date the application.

**Step 5:** Return your completed application to the Charleston City Collector at the following address:

Charleston City Collector  
Attn: Residential Rental Unit Registration  
915 Quarrier St., Suite 4  
Charleston, WV 25301